

(Updated)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10596746

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1		1		
4	1	1		1		
5		1		1		
6	1	1		1		
7	1	1		1		
8	1	1		1		
9	1	1		1		
10	1	1		1		
11	1	1		1		
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16	1	1		1		
17	1	1		1		
18	1	1		1		
19	1	1		1		
20	1	1		1		
21		1		1		
22		2		1		
23				1		
24				1		
25				1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	21	←	24	←		←
TOTAL CLAIMS	23		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						